



Informed Consent for Participating in Testing and Training for the Speed-Up™ Program

Explanation of the Exercise Tests and Training Programs

I understand that I will be performing a series of physical ability tests to evaluate my balance, running speed, agility, leg power, aerobic power, and body composition. These tests require that I give an all-out effort.

I understand that I will be engaging in various high- intensity- training sessions to improve running speed, agility, power, strength, and body composition. I understand that proper attire is required for my safety and ability to complete all required activities. This entails tee shirt, lace up tennis shoes, and either shorts or sweat pants.

Risks and Discomforts

The possibility does exist that I may become injured during the testing and/or training. That is, I may develop muscle sprain or strain or muscle soreness during or after the testing and/or training periods. It is likely that I will experience delayed onset of muscle soreness. This soreness is common for athletes beginning an exercise program and has no long-term consequences to my health. In very rare instances I could experience abnormal blood pressure, fainting, disorders of the heartbeat, heart attack, stroke and even death. Every effort will be made to minimize these abnormalities by observation during the workouts. Emergency procedures and trained lab personnel are available to deal with any unusual situation that may arise.

Benefits to be Expected

The results obtained from the physical ability testing will assist in the assessment of my current level of physical ability as it relates to activities for various sports. The results will also direct HIT personnel to prescribe training to improve my abilities in the areas most needed.

The athlete will improve his or her functional capacity and physical abilities in the basic constructs of sport performance. Improvements in running speed, power, strength, agility, balance, anaerobic and aerobic power, and body composition may become evident.

Confidentiality

My data may be used by The HIT Center. These data will be placed into a database to serve as a comparison for me and for other athletes of the same age and level of participation. Also the data may be used in research reports and presentations. However, my identity will not be associated with such reports. With my knowledge I understand that The HIT Center reserves the right to take and use photographs for promotional purposes with my consent

Inquiries

Any questions about the procedures used in the testing and/or exercise training sessions are encouraged. If I have any doubts or questions, I am encouraged to ask for further explanations. I also acknowledge that The HIT Center is relying on all information provided by me about my current physical condition to be true and correct.

Refund Policy:

In the event that the client cannot complete the program due to medical reasons, a refund may be given up to six months after the clients last session. This refund will be for medical reasons **only**, and must accompany a written refund request and a letter from a doctor. Clients may use any remaining credit for up to one year after their last session. If the credit amount is not used within one year, the client forfeits the remaining account balance.

Freedom of Consent

I have read this form and I understand the test procedures and training protocols that I will perform. My permission to perform the tests and/or training is voluntary. **I freely consent to participate voluntarily in all of the described physical ability tests and/or training.** I understand that I may stop the individual tests and/or training sessions at any time.

(Signature of Participant)

(Date)

(Signature of Parent: If under 18 years of age)

(Date)